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CONFIRMATION NO. 1662

<b>SERIAL NUMBER</b> 10/693,154	<b>FILING OR 371(c) DATE</b> 10/23/2003 <b>RULE</b>	<b>CLASS</b> 297	<b>GROUP ART UNIT</b> 3636	<b>ATTORNEY DOCKET NO.</b> 22630/112030-05
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 10/155,331 05/24/2002 PAT 6,959,965 and is a DIV of 09/326,176 06/04/1999 PAT 6,709,058

and is a CIP of 29/103,157 04/09/1999 PAT D,435,746

and is a CIP of 29/103,158 04/09/1999 ABN \*

and is a CIP of 29/103,159 04/09/1999 PAT D,453,633

(\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 09/02/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 28	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

33222

**TITLE**

ERGONOMIC ARMREST

<b>FILING FEE RECEIVED</b> 1736	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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